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| (Signature) | |
| (Date) | , |
| | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/718,533 | 11/24/2003 | YOSHIHITO FUKUI | 034071-001 | 1999 |

TITLE OF INVENTION: HEART TREATMENT EQUIPMENT FOR TREATING HEART FAILURE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|--------------|--|--|--------------------------|---------------------|---------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 10/29/2007 |
| EXAM | IINER | ART UNIT | CLASS-SUBCLASS | 10/25/2007 S | ZEWDIE2 00000120 02 | 4800 10718533 |
| PATEL, N | IATASHA | 3766 | 607-009000 | 01 FC:1504 02 FC:8001 | | 300.00 OP |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | (2) the name of a single registered attorney or a | 3 registered patent attorneyly, e firm (having as a membigent) and the names of umeys or agents. If no name | per a 2 | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TERUMO KABUSHIKI KAISHA

SHIBUYA-KU, TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government

| ₽a. | The | following | tec(s) | are submitted: | |
|-----|-----|-----------|--------|----------------|--|
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

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Typed or printed pane Matthew L. Schneider

32,814 Registration No.

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